Asbestos Workers Local 24 Medical Fund
Asbestos Workers Local 24 Pension Fund

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ASBESTOS WORKERS LOCAL 24 MEDICAL FUND

Summary of Material Modification # 3 - NETLEASE

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund is pleased to announce that the Medical Fund is transitioning its medical benefit Network Services provider (currently with Cigna HealthCare) effective September 1, 2021. As a result of this change, the Fund will also transition its medical benefit utilization review and case management services to American Health Holdings.

I. CHANGE IN PREFERRED PROVIDER ORGANIZATION (PPO)

The Asbestos Workers Local 24 Medical Fund is transitioning its medical benefit Network services (currently with Cigna HealthCare) effective September 1, 2021 to CareFirst BlueCross BlueShield ("CareFirst").

This transition only applies to participants who are not covered by Medicare.

The transition to CareFirst will improve network access and ensure that quality service will be provided to the participants and their families. At the same time, the Fund will achieve improved network discounts and savings to ensure the Fund's fiscal integrity during these very difficult times – times that are challenging welfare funds throughout the country. This change to CareFirst is a very positive one for everyone – the participants, the Fund, the Union and the Employers – and should result in substantial savings to both the Fund and its participants as well as an enhanced network of covered providers for you to choose from.

This change from Cigna HealthCare to CareFirst BlueCross BlueShield does not affect the processing of your claims or your coverage in any way.

CareFirst BlueCross BlueShield Regional Preferred Network – A Vast Improvement in Network Access

The CareFirst Regional Preferred Network has in and out-of-network benefits just like our existing program. Under the CareFirst Regional Preferred Network, you do not need a referral to see a specialist. Although you are not required to do so, it is recommended that you select a Primary Care Physician. Under the CareFirst Regional Preferred Network, you will continue to enjoy the freedom of choosing your provider . In essence, the core features and the core benefits available today through our existing plan options will remain unchanged. However, the CareFirst Regional Preferred Network will provide you and your family with a number of enhancements to the current program, as outlined below.

The CareFirst Regional Preferred Network provides seamless coverage throughout the United States. The switch will provide greater network access than our current network. To you, that means a greater chance of accessing in-network providers and therefore lowering your potential out-of-pocket amounts. To the

Fund, CareFirst's network will provide enhanced savings, which is also critical to maintaining the financial integrity of our program. Please visit the CareFirst website at www.carefirst.com to determine if your provider is in the CareFirst BlueCross BlueShield Regional Preferred Network.

Continuation of Programs Currently In Place

The new CareFirst program will not change any of the current program requirements in place. For example, preauthorization for inpatient hospital admissions will continue to be voluntary. The new program will work in the same manner as before, when you go to a hospital that is in the CareFirst Regional Preferred Network, you must have your medical ID card with you to give to the hospital at the time of the admission. This should not cause you, the patient, to be inconvenienced.

New ID Cards and Claims Submission Procedures

Your new ID cards will be mailed soon. The new card will include important benefits and claims submission information for the CareFirst Regional Preferred Hospital and Medical Providers.

More Information

The Trustees are very pleased to provide this network enhancement to you. Any participant questions on Claims or Benefits should be directed to the Fund Office at (410) 872-9500.

We are confident that you will enjoy this new CareFirst program, and all its enhancements, now available to the eligible participants of the Asbestos Workers Local 24 Medical Fund.

II. CHANGE IN PROVIDER FOR UTILIZATION REVIEW AND LARGE CASE MANAGEMENT

Effective September 1, 2021, the Board has retained American Health Holding to provide Voluntary Precertification/Utilization Review and Case Management services. These services were previously provided through CIGNA/CareAllies.

This change will not require any action on your part. As with our previous provider, the services provided by American Health Holding have two parts: Voluntary Precertification/Utilization review and Case Management. Both of these programs are designed to help ensure that you get the most appropriate and cost-effective medical treatment. The ultimate goal of these programs is to help to ensure the best medical outcomes while at the same time saving you and the Plan from inappropriate or unnecessary expenditures.

Voluntary Precertification/Utilization Review

To take advantage of this program, either you or your medical provider (your hospital, your doctor, etc.) should call American Health Holding when:

-- A hospital admission is necessary.
-- Inpatient or outpatient elective surgery is to be performed.
-- A pregnancy has been physician-confirmed.
-- An emergency hospital admission has occurred (within 24-48 hours).

American Health Holding will then assign your own dedicated nurse case manager, who can:

-- Coordinate your medical care with your doctor and other medical care providers to make sure that you get the best and most appropriate treatment.
-- Help you navigate the health care system.
-- Provide you with information about your specific condition and prescribed course of treatment.
-- Track your recovery progress.
-- Assist with follow-up care arrangements like physical therapy or home health services, as needed.

The toll-free number for American Health Holding is 800-641-5566.

Case Management

You do not need to do anything to initiate this program. If you are treated for any of a number of different conditions, such as diabetes, certain types of cancer, chemical dependency, and many more, you may be selected by American Health Holding for Case Management services. If your case meets their criteria, a nurse manager will be assigned to you and to your family to help to make sure that you get the services that you need.

REMINDERS!!!

III. Dependent Coverage

Remember that children of Employees continue to be covered by the Fund until they reach age twenty-six (26). Natural, adopted, step and foster children no longer have to remain unmarried or show they are dependent upon the Employee for support. "Children" also include other children who depend upon the Employee for support and who live with the Employee in a regular parent-child relationship. Except as otherwise provided in the Summary Plan Description, coverage for your Eligible Dependent child will end on the last day of the month in which the child turns age 26.

Each Covered Child or other dependent must be listed on a "Dependent Eligibility Form" signed by the Employee and filed with the Fund Office, along with evidence or proof of status satisfactory to the Trustees. Each change in Dependent enrollment after the initial enrollment must be submitted with evidence or proof of Child or other Dependent status satisfactory to the Trustees.

IV. Change in Marital Status

If you become divorced, your former spouse is no longer covered as of the effective date of your divorce. You are required to notify the Fund immediately if you become divorced. If you fail to notify the Fund, your former spouse's continued use of Fund coverage after the date of the divorce will be considered an act of fraud, and you and your spouse will be responsible for repaying the Fund for any benefits so provided. Furthermore, as provided on page 21 of the Summary Plan Description, you and your former spouse have sixty (60) days from the date your divorce becomes effective to notify the Fund Office in order to self-pay for continued coverage under the Fund's COBRA self-payment rules.

V. Medicare Reminder

Please remember, ***if you are a Retiree or a Dependent, you are required to enroll in Medicare Parts A and B as soon as you are eligible***. Medicare is generally available to all individuals who are either disabled or age 65 and has three parts – Hospital Insurance (Part A), Medical Insurance (Part B) and Prescription Drug Benefits (Part D). Part A covers inpatient Hospital care and generally is available at no cost. Part B covers doctors' services, outpatient hospital services and other medical supplies and requires a monthly premium. Part D covers prescription drugs and also requires a monthly premium. *If you are a Medicare-eligible Retiree or Dependent, you are required to sign up for Medicare Parts A and B, even though you will have to pay a premium for Part B.* **You are *not* required to sign up for Part D (Prescription Drug Coverage).** For a full explanation, *see* the Summary Plan Description, p. 70 and the Annual Medicare Prescription Drug notice, or contact the Fund Office.

VI. Grandfathered Plan

This plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at the telephone numbers listed below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

VII. Credit Cards Accepted by Medical Fund

The **Asbestos Workers Local 24 Medical Fund** accepts credit card payments for self-pays, those electing COBRA and direct pay of retiree premiums. All major credit cards **except** American Express are accepted.

Retirees who elect to make a direct quarterly payment of retiree premiums may request the form from the Fund Office if they wish to charge their premiums to a credit card. A separate form will be required for each payment being authorized to the credit card and will not be automatically recharged each quarter.

Please note that if you elect to make your self-pay by credit card and any adjustments are made later (due to credit for late hours received, reciprocity, sick hours, etc.,) the same credit card will be refunded for the calculated adjustment.

VIII. Board of Trustees

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund is:

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Very truly yours,

The Board of Trustees

SPD 05/2019 SMM #3

We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you should have any questions about the coverage provided under the Asbestos Workers Local Union No. 24 Medical Fund, the Summary Plan Description or these changes, please contact the Fund Office.